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|--|--|---|---|
| FORM PTO 1390<br>(REV 10-2003)   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>209546-84419                            |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371 |  |   | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/507405</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/US03/07188  | INTERNATIONAL FILING DATE<br>11 March 2003 | PRIORITY DATE CLAIMED<br>11 March 2002                  |   |
| TITLE OF INVENTION HEADLINER VENTILATION SYSTEM WITH HEADLINER AIR DUCT INTEGRATED<br>WITH PILLAR AIR DUCT                 |  |   |   |
| APPLICANT(S) FOR DO/EO/US Clarence P. Lipke  |  |   |   |

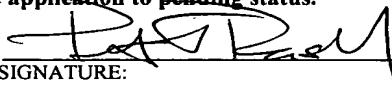
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
- ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing 35 U.S.C. 371.
- ☐ This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.
- ☐ The US has been elected (Article 31).
- ☒ A copy of the International Application as filed (35 U.S.C. 371 (c)(2))
  - ☒ is attached hereto (required only if not communicated by the International Bureau).
  - ☐ has been communicated by the International Bureau.
  - ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
- ☒ An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).
  - ☒ is attached hereto.
  - ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
- ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - ☐ are attached hereto (required only if not communicated by the International Bureau).
  - ☐ have been communicated by the International Bureau.
  - ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - ☐ have not been made and will not be made.
- ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).
- ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
- ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

- ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
- ☒ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
- ☒ A preliminary amendment.
- ☒ An Application Data Sheet under 37 CFR 1.76.
- ☐ A substitute specification.
- ☐ A power of attorney and/or change of address letter.
- ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
- ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
- ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
- ☒ Other items or information: Page 1 of WO 03/078186 A1; Int'l Search Report and Notification of Transmittal of The International Preliminary Examination Report.

DT09 Rec'd PCT/PTO 13 SEP 2004

| U.S. APPLICATION NO. (if known) <b>10/a507405</b>   |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/US03/07188</b> |      | ATTORNEY'S DOCKET NUMBER<br><b>209546-84419</b>  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
|---|--------------|--|------|--|--------------|--------------|------|--------------|---------|--|---|--------------------|-------|--|---|---|--|--|---|--------------------------------------|--|--|--|--|--|--|--|-------------------|--|--|--|---|--|--|--|-----------------------------|--|--|--|--|--|--|---|------------------------------|--|--|--|--|--|-----------|--|----|--|-----------|--|----|--|-----------|--|----------|--|-----------|--|------------------------|----|----------|----|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)):</b><br><input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO .....\$1080.00<br><input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... \$920.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$770.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$730.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00<br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b><br>Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).  |              |  |      | <b>CALCULATIONS PTO USE ONLY</b><br><br><br><br><br><br><br><br><br><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">\$ 920.00</td> <td style="width:50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> |              | \$ 920.00    |      | \$           |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$ 920.00   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">CLAIMS</th> <th style="width:25%;">NUMBER FILED</th> <th style="width:25%;">NUMBER EXTRA</th> <th style="width:25%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>12-20 =</td> <td></td> <td>x</td> </tr> <tr> <td>Independent claims</td> <td>1-3 =</td> <td></td> <td>x</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.           </td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL =</b></td> <td></td> </tr> <tr> <td colspan="3">Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td></td> </tr> <tr> <td colspan="3">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property</td> <td>+</td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td></td> </tr> </tbody> </table> |              |  |      | CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 12-20 = |  | x | Independent claims | 1-3 = |  | x | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  | + | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | <b>SUBTOTAL =</b> |  |  |  | Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property |  |  | + | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">\$ 920.00</td> <td style="width:50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 920.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 920.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 40.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$ 960.00</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Amount to be refunded:</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">charged:</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table> |  | \$ 920.00 |  | \$ |  | \$ 920.00 |  | \$ |  | \$ 920.00 |  | \$ 40.00 |  | \$ 960.00 |  | Amount to be refunded: | \$ | charged: | \$ |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA   | RATE |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| Total claims  | 12-20 =      |  | x    |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| Independent claims  | 1-3 =        |  | x    |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)   |              |  | +    |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| <b>SUBTOTAL =</b>   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
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| <b>TOTAL NATIONAL FEE =</b>   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
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| <b>TOTAL FEES ENCLOSED =</b>  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$ 920.00   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$ 920.00   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$ 920.00   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$ 40.00  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| \$ 960.00   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| Amount to be refunded:  | \$           |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| charged:  | \$           |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>503145</u> in the amount of \$ <u>960.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>503145</u> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.   |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b><br>SEND ALL CORRESPONDENCE TO:<br>Peter J. Rashid<br>Honigman Miller Schwartz and Cohn LLP<br>32270 Telegraph Road<br>Suite 225<br>Bingham Farms, Michigan 48025-2457<br>(248) 566-8508<br>CUSTOMER NUMBER: 44200  |              |  |      |  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |
|   |              |  |      | SIGNATURE: <br>NAME: <u>Peter J. Rashid</u><br>REGISTRATION NUMBER: <u>39,464</u>  |              |              |      |              |         |  |   |                    |       |  |   |   |  |  |   |                                      |  |  |  |  |  |  |  |                   |  |  |  |   |  |  |  |                             |  |  |  |  |  |  |   |                              |  |  |  |  |  |           |  |    |  |           |  |    |  |           |  |          |  |           |  |                        |    |          |    |

Application No. (if known):

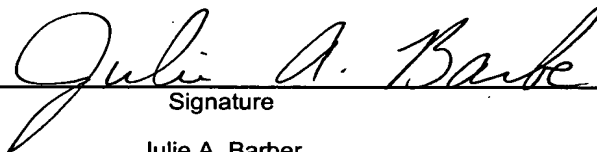
Attorney Docket No.: 209546-84419

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on September 13, 2004  
Date

  
\_\_\_\_\_  
Signature

Julie A. Barber

\_\_\_\_\_  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Application Data Sheet

10/507405

DT09 Rec'd PCT/PTO 13 SEP 2004

Application No. (if known): n/a

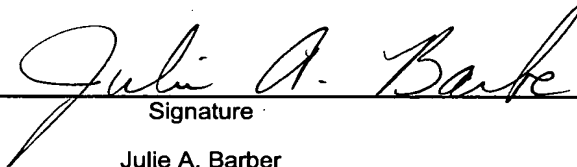
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